

# Maricopa County Healthy Weight Advocacy Local Policy Training Institute September 1-3, 2009

## ***Tuesday, September 1, 2009***

11:30 am – 12:30 pm	Registration and Reception	Crowne Plaza
12:30 pm – 1:00 pm	Welcoming & Introduction	Crowne Plaza
1:00 pm – 3:00 pm	Enhancing Health through Environmental and Policy Change	Crowne Plaza
3:00 pm – 5:30 pm	Engaging Partners in Organizational Practice and Policy Change	Crowne Plaza

## ***Wednesday, September 2, 2009***

8:30 am – 9:00 am	Breakfast	Crowne Plaza
9:00 am – 10:30 am	Developing Effective Coalitions: The Eight Step Guide	Crowne Plaza
10:30 am – 11:30 am	Conversation with Larry Cohen and Mark Fenton	Crowne Plaza
11:30 am – 12:00 pm	TRAVEL	
12:00 pm – 12:30 pm	Learning Lunch	Crockett Elem.
12:30 pm – 2:30 pm	Active Community Assessment (Part 1)	Crockett Elem.
2:30 pm – 4:30 pm	Active Community Assessment (Part 2)	Crockett Elem.
4:30 pm – 5:00 pm	TRAVEL	
6:00 pm – 8:00 pm	Evening to Remember (optional hiking and/or dining)	South Phoenix

## ***Thursday, September 3, 2009***

7:30 am – 8:30 am	Breakfast	Crowne Plaza
8:30 am – 10:30 am	Creating More Livable/Walkable Communities	Crowne Plaza
10:30 am – 11:50 am	Action Planning: The Next Steps	Crowne Plaza
11:50 am – 12:00 pm	Wrap-Up	Crowne Plaza



## Examples of Local Government Policies Promoting Active Living and Healthy Eating

## Safe Routes to School

- Marin County:
  - SRTS program:
    - Walking: 64% increase
    - Biking: 114% increase
    - Carpooling: 91% increase
    - Children driven to school alone: 39% decrease
- National Center for Safe Routes to School:  
[www.saferoutesinfo.org](http://www.saferoutesinfo.org)

## Complete Streets Policies

- Planning to incorporate/integrate all modes of transportation
  - Hennepin County, MN—Recently passed complete streets policy to integrate these practices into transportation & development projects
  - DuPage County, IL—Healthy Roads Initiative
  - Tacoma-Pierce County, WA—Board of Health resolution
- National Complete Streets Coalition:  
[www.completestreets.org](http://www.completestreets.org)

## Healthy Community Planning & Zoning

- Public Health & Planning: Land Use Planning
  - Tri-County Health Department (Adams, Arapahoe, & Douglas counties in CO)
  - Miami-Dade: Master plan fosters interconnectedness, promotes public spaces
  - Arlington County, VA: Redevelopment of commercial corridor into more walkable neighborhood

## Healthy Community Planning & Zoning

- Public Health & Planning & Economic Development: Healthy Food Access
  - In neighborhoods with lack of access to healthy & affordable foods, local government can provide incentives to attract new supermarket development
    - Density bonuses
    - Zoning: Incentives or removal of barriers
    - Tax incentives: Washington D.C.—Supermarket Tax Exemption
  - Can also provide data about neighborhood purchasing power (Chicago, Milwaukee)

## Healthy Communities Planning & Zoning

- Sample Resources:
  - National Association of County and City Health Officials (NACCHO):  
<http://www.naccho.org/topics/environmental/landuseplanning/toolbox.cfm>
  - Local Government Commission: [www.lgc.org](http://www.lgc.org)
  - Public Health Law and Policy toolkit for healthy planning:  
[www.healthyplanning.org/toolkit\\_healthygp.html](http://www.healthyplanning.org/toolkit_healthygp.html)
  - Pedestrian and Bike Information Center: [www.pedbikeinfo.org](http://www.pedbikeinfo.org)
  - International City/County Management Association (ICMA):  
[www.icma.org](http://www.icma.org)

### Menu Labeling

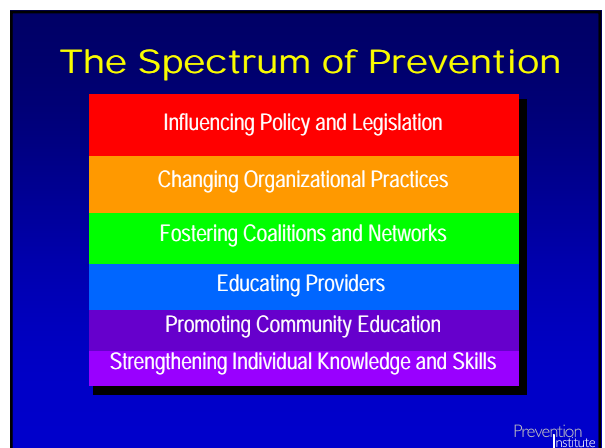
- New York City
- State level policies:
  - Massachusetts (2009)
  - California (2008)
    - Prior action by counties:  
Santa Clara, San Francisco
- Multnomah County, OR (2008)
- King County, WA (2007)
- Model policy: NPLAN  
<http://nplanonline.org/products/model-menu-labeling-ordinance>

### Examples of Counties with Comprehensive Childhood Obesity Plans

- San Diego County, CA
- Contra Costa County, CA
- Duval County, FL
- Santa Clara County, CA
  - Early childhood obesity
- Solano County, CA



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# ENACT

Environmental  
Nutrition &  
Activity  
Community  
Tool



Prevention  
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## *Building a Movement*

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“Simply put, in the absence of a radical shift towards prevention and public health, we will not be successful in containing medical costs or improving the health of the American people.”

BARACK OBAMA

## *Oakland*



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*Born in West Oakland, an African American person can expect to die almost 15 years earlier than a White person born in the Oakland Hills.*



SOURCE: Life and Death from Unnatural Causes - Health and Social Inequity in Alameda County, Alameda County Public Health Department, August 2006

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*For every \$12,500 in family income: One additional year life expectancy*

SOURCE: Life and Death from Unnatural Causes - Health and Social Inequity in Alameda County, Alameda County Public Health Department, August 2006

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# What's Health Got to Do With It?

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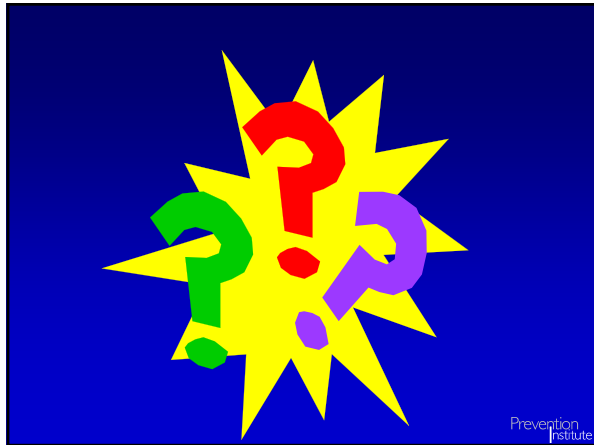
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FOR YOUR ENDORSEMENT

### Setting the Record Straight: Nutritionists Define Healthful Food

**We**, the outstanding health and nutrition professionals, know that healthful food is essential to healthy lives and to a healthy society, environment, and economy. At a time when people are experiencing unnecessary death and chronic disease, when food plays a significant role, we are compelled—personally and professionally—to promote the public's health and to advocate for access to healthful food for all. For the foods that reach our plates are often unhealthful, resulting from an industrial food system which produces a preponderance of highly processed, high-calorie, low-nutrient foods that are more available, affordable, and aggressively marketed than healthful foods. We are committed to changing those circumstances so that everyone can eat healthful food.

Our definition of healthful food is not limited to the nutrients that a food contains. Our definition recognizes that healthful food comes from a food system where food is produced, processed, transported, and marketed in ways that are environmentally sound, sustainable and just. The current industrial food system, with its heavy reliance on food-borne pesticides and herbicides, antibiotics, and intensive farming practices fails to meet this standard. It pollutes the air, water, and soil, harms farm animals, and endangers the health of those who work to feed us.

While the industrial food system impacts everyone, some feel its effects more than others. Small- and mid-size farmers are struggling to survive in the face of large-scale industrial agriculture—farming practices are more so likely to be in poorer countries than the general U.S. population. In small towns, many farm workers do not earn enough wages to get healthful food on their own limited incomes. Low-income neighborhoods and communities of color are hit hardest by the consequences of unhealthful, highly processed foods that are heavily promoted, ubiquitous, and cheap, while healthful, wholesome food is often inaccessible.

Many large food and beverage manufacturers distract the public from the dangers of the food system by deceptively marketing products as "green" or "natural" and by using misleading health claims that allow highly processed foods to masquerade as healthful. To realize the health-giving properties of food comes from whole and minimally processed foods—mostly from plants—that contain a wide variety of naturally occurring nutrients.

Strategic  
Alliance

216.444.7755 • [www.settherecordstraight.org](http://www.settherecordstraight.org) • [info@settherecordstraight.org](mailto:info@settherecordstraight.org)

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**“Our definition of healthful food is not limited to the nutrients that a food contains. Our definition recognizes that healthful food comes from a food system where food is produced, processed, transported, and marketed in ways that are environmentally sound, sustainable and just.”**

<http://preventioninstitute.org/sa/settingtherecordstraight.html>

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# Where's the Fruit?



Strategic Alliance

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Photo Courtesy of Latino Health Access

Prevention Institute



Photo Courtesy of Latino Health Access

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I see the tennis court at school. It makes it hard to be active because you can't get in to play. It does affect us because we can't go in and we are not being physically active. The school grounds should remain open so people can get in and play. We can talk about it with the people from the school so they can open it. I feel mad because sometimes my friend and I want to go to school and use the tennis court, but we would have to jump the fence.

— Fabiola, Age 13, Fresno, CA



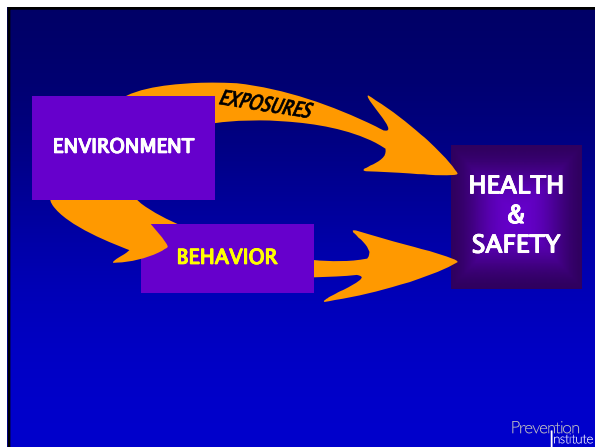
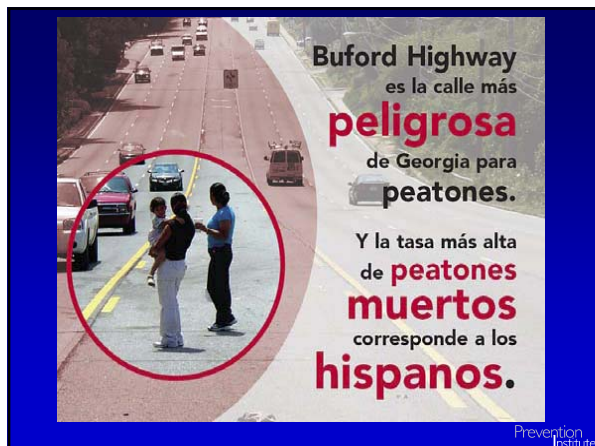
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Photo courtesy of [http://spacedust.suspense.com/soccer\\_archery.html](http://spacedust.suspense.com/soccer_archery.html)

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“It is unreasonable to expect that people will change their behavior *easily* when so many forces in the social, cultural, and physical environment conspire against such change.”

Institute of Medicine

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Oh, Britney...



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**Farcus**

by David Waisglass  
Gordon Coulthart



"That's the third smoker we've lost this week."

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# NORMS

more than a habit

based in  
culture & tradition

taken for granted

behavior shapers

communicate regularity  
in behavior

sanction behavior

attitudes,  
beliefs,  
ways of being

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## Prevention

a systematic process that promotes healthy behaviors and environments and reduces the likelihood or frequency of an incident, condition, or illness occurring.

### Primary Prevention

taking action to prevent problems from occurring before the onset of symptoms

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## Take 2 Steps Back



Environment

Exposures &  
Behaviors

Medical  
Care

Prevention  
Institute



Source: Actual Causes of Deaths in the US, <http://www.cdc.gov/nchs/data/ahdc/ahdc04.pdf>, Centers for Disease Control and Prevention, 2004

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## Causes of Death

Heart Disease

Cancer

Stroke

Diabetes

Injuries & Violence

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Institute



Photo courtesy of [http://lycohealth-ace.com/files/00003/ly\\_m3367.jpg](http://lycohealth-ace.com/files/00003/ly_m3367.jpg)

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## Medical Care Alone Cannot Reduce Injuries and Inequities

- ◆ Not the primary determinant of health
- ◆ Treats one person at a time
- ◆ Often comes late; can't always restore health

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# Let's take a step back...



Exposures & Behaviors

Medical Care

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## Making Links to Exposures & Behaviors

Diet & Activity Patterns	Heart Disease
Diet & Activity Patterns	Cancer
Diet & Activity Patterns	Stroke
Diet & Activity Patterns	Diabetes
Diet & Activity Patterns	Injuries & Violence
Tobacco	Heart Disease
Tobacco	Cancer
Tobacco	Stroke
Tobacco	Diabetes
Tobacco	Injuries & Violence
Alcohol & Drugs	Heart Disease
Alcohol & Drugs	Cancer
Alcohol & Drugs	Stroke
Alcohol & Drugs	Diabetes
Alcohol & Drugs	Injuries & Violence

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# Let's take another step back...



Environment

Exposures & Behaviors

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## What's sold & how it's promoted

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## What's Sold and Promoted



VS.




Industry Group		
Supermarkets	7	27
Carry-out eating places	26	24
Bars/Taverns	35	11


SOURCE: Morland K, Wing S, Diez Roux A, Poole C. Neighborhood characteristics associated with the location of food stores and food service places. Am J Prev Med. 2002;22:23-9.

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## What's Sold and Promoted



VS.



Industry Group	Low-Wealth Neighborhood	High-Wealth Neighborhood
Supermarkets	7	27
Carry-out eating places	26	24
Bars/Taverns	35	11

SOURCE: Morland K, Wing S, Diez Roux A, Poole C. Neighborhood characteristics associated with the location of food stores and food service places. Am J Prev Med. 2002;22:23-9.

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## Access to Supermarkets Increases Fruit and Vegetable Intake

- ♦ African-Americans reported an average 32% increase in their fruit and vegetable intake for each supermarket in their census tract.
- ♦ Consumption for White Americans increased by 11%.



Source: Kimberly Morland, et al., American Journal of Public Health, 2002.

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## Elements of Community Health

**PLACE**

- ♦ What's sold & how it's promoted

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## Elements of Community Health

**EQUITABLE OPPORTUNITY**

- ♦ Racial justice
- ♦ Jobs & local ownership
- ♦ Education

**MEDICAL SERVICES**

- ♦ Preventative services
- ♦ Access
- ♦ Treatment quality, disease management, in-patient services, & alternative medicine
- ♦ Cultural competence
- ♦ Emergency response

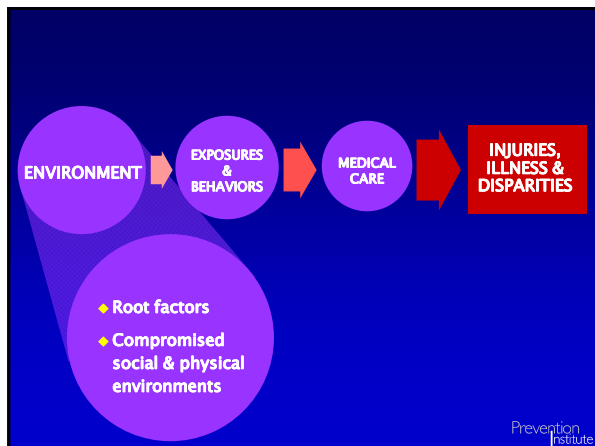
**PLACE**

- ♦ What's sold & how it's promoted
- ♦ Look, feel & safety
- ♦ Parks & open space
- ♦ Getting around
- ♦ Housing
- ♦ Air, water, soil
- ♦ Arts & culture

**PEOPLE**

- ♦ Social networks & trust
- ♦ Participation & willingness to act for the common good
- ♦ Acceptable behaviors & attitudes

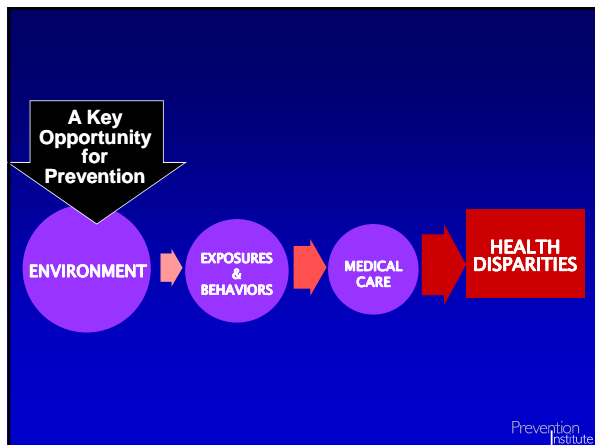
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**“The health inequities we see are the embodied expressions of social inequality. They are not about just individual bad choices: they are about things not being fair.”**

*Nancy Krieger, Harvard School of Public Health*

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**How do we design strategies that have the greatest impact?**

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## The Spectrum of Prevention

- Influencing Policy & Legislation
- Changing Organizational Practices
- Fostering Coalitions & Networks
- Educating Providers
- Promoting Community Education
- Strengthening Individual Knowledge & Skills

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Policy and Legislation

Organization Practice

Coalitions & Networks

Educate Providers

Community Education

Individual Education

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## The Spectrum of Prevention

Influencing Policy and Legislation

Changing Organizational Practices

Fostering Coalitions and Networks

Educating Providers

Promoting Community Education

Strengthening Individual Knowledge & Skills

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## The Spectrum of Prevention

Influencing Policy & Legislation

Changing Organizational Practices

Fostering Coalitions & Networks

Educating Providers


Promoting Community Education

Strengthening Individual Knowledge & Skills

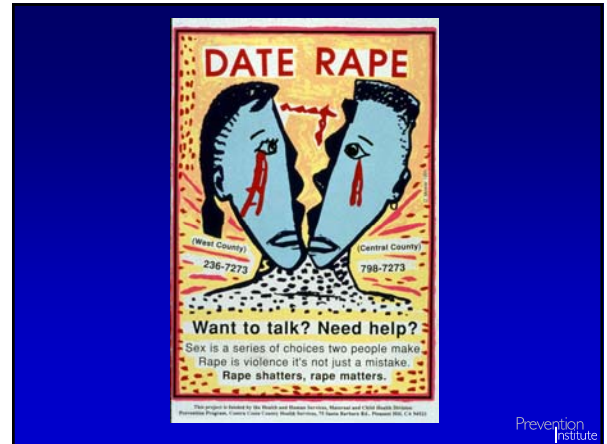
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# The Spectrum of Prevention

## Influencing Policy & Legislation

## Changing Organizational Practices

## Fostering Coalitions & Networks

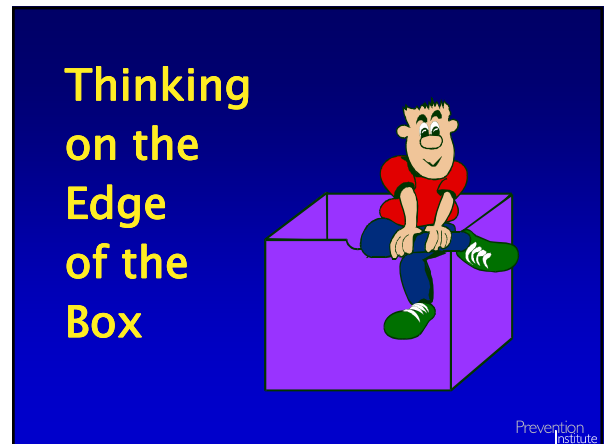
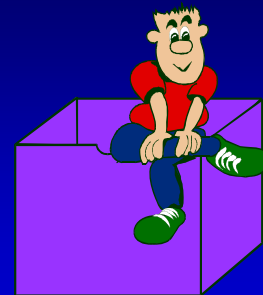
## Educating Providers

## Promoting Community Education

## Strengthening Individual Knowledge & Skills



# Thinking on the Edge of the Box

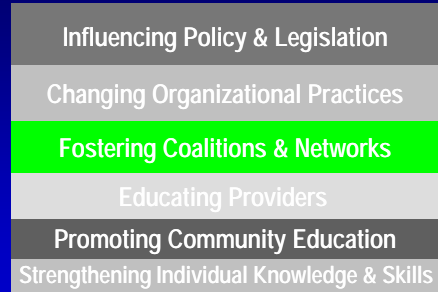






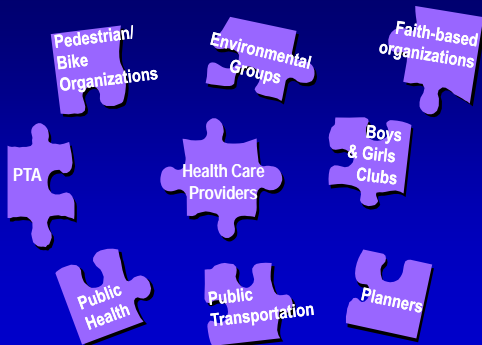
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## The Spectrum of Prevention



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## Physical Activity Coalition



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## Reframing the nutrition & physical activity debate

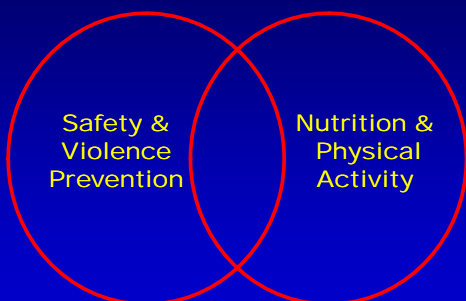
*from simply a matter  
of individual choice...*

*...to corporate  
& government  
responsibility*

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## Shifting the Focus in Violence Prevention

*Forming Broader Partnerships to Achieve Healthier Communities*

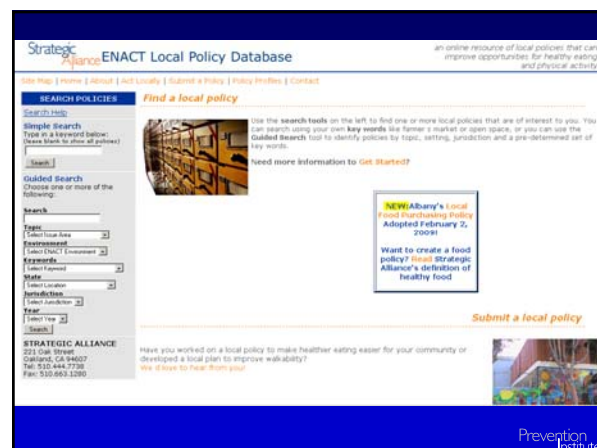
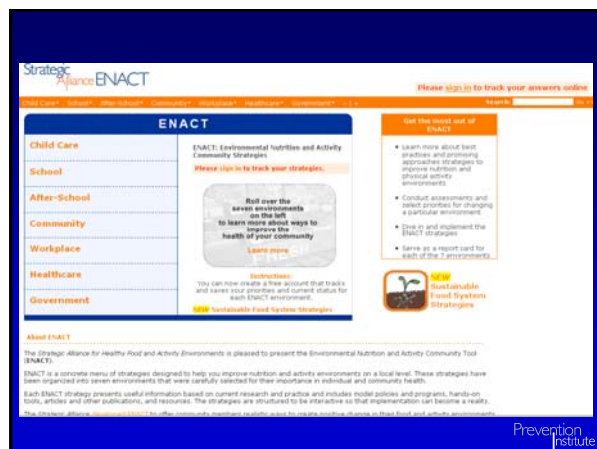


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## Climate Change



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## PI Rooftop Garden



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## Lunch at the White House



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## Maricopa County Policy Domains

- ◆ Early Childcare
- ◆ School Settings
- ◆ Built Environment
- ◆ Food Environment\Community
- ◆ Healthcare
- ◆ Other?

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## Child Care Policy

*Delaware & New York, NY*



Early Childcare

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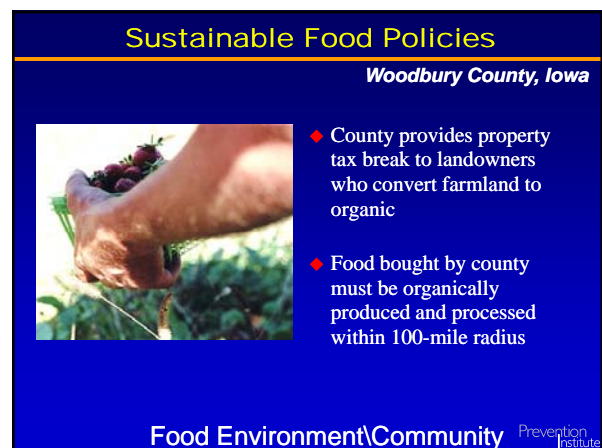
## Promote Joint Use of Recreational Facilities



School Settings

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## Fresh Food Financing

Pennsylvania



Source: Partners Through Food

Food Environment/Community

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Healthcare

Prevention  
Institute



Healthcare

Prevention  
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## Baby Friendly Hospitals

Portland, OR



Healthcare

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## The Synergy of the Spectrum



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## Building a Movement

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## Building the Movement



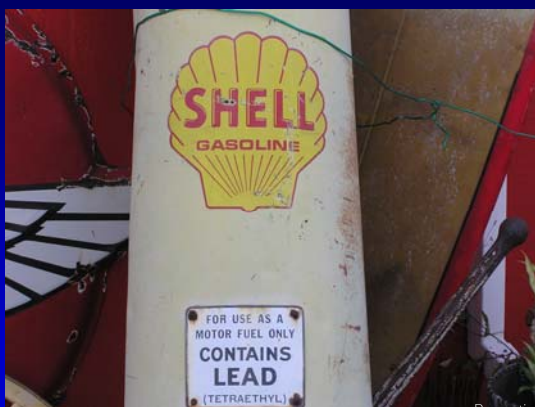
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**Newsweek**

## LEAD And Your Kids

Disturbing New Evidence  
About the Threat  
to Their Health  
How to Protect Them

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**We choose to go to the moon.**

**We choose to go to the moon in this decade,  
not because [it is] easy,  
but because [it is] hard...  
because that challenge is one that we are willing to accept,  
one we are unwilling to postpone, and  
one which we intend to win**

— John F. Kennedy



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## Civil Rights Movement

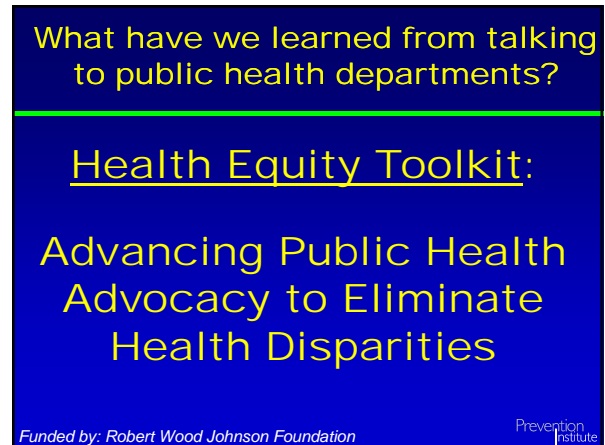
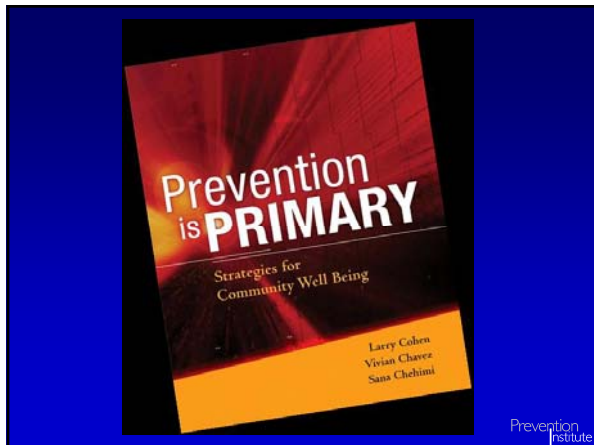


Photo Courtesy of [http://www.historycooperative.org/journals/jah/91.4/images/hall\\_fig01b.jpg](http://www.historycooperative.org/journals/jah/91.4/images/hall_fig01b.jpg)

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*A dream of a state and nation  
where communities foster health.*



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## The Built Environment and Health: 11 Profiles of Neighborhood Transformation



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Putting prevention  
at the center of community well-being

[www.preventioninstitute.org](http://www.preventioninstitute.org)  
[www.eatbettermovemore.org](http://www.eatbettermovemore.org)

221 Oak Street  
Oakland, California 94607  
phone: 510-444-7738 fax: 510-663-1280



## Building an Active Living Community.

Maricopa County Health Dept.

Phoenix, AZ  
July 2009



"We few, we happy few, we band of brothers" and sisters . . .

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## Topics for consideration:

- A musical reference.
- Some **perspective** . . .
- The "**epidemics**" too few are talking about (and a brief rant).
- A question of **priorities**, and five recommendations.
- The **stickiness** problem and **environmental level** solutions.
- Why it **really** matters!



Scottsdale

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"If I leave here tomorrow, will you still remember me . . .?"

*Free Bird*, Lynyrd Skynyrd

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## Some perspective and a thought exercise:

- Recall one of your earliest *fond* memories of physical activity from your youth.
- For just a moment pair up and share your recollections.



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## America's looming chronic disease apocalypse . . .

### US "Obesity Epidemic"

Ogden et. al. (JAMA 288, 14; Oct. 2002)



## Diabetes Prevention Program (DPP; New.Eng.J.Med., April 2002)

Compared three treatments for nationwide cohort (3,000+) at risk for developing diabetes (elevated fasting glucose).

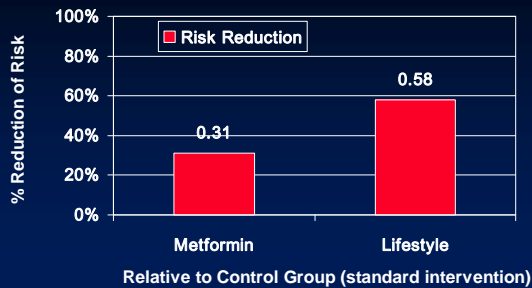
1. Control: Standard exercise and nutrition counseling; placebo.
2. Standard plus drug treatment: Metformin
3. Intensive lifestyle change: Nutritional training, 150 min./week physical activity.



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## Diabetes Risk Reduction

(Diabetes Prevention Program; NEJM, April 2002)



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## My Rant:

Change the conversation. It's *not* just an obesity epidemic. It's an epidemic of **physical inactivity** and **poor nutrition**.

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## Rank the priority of these five activities:

1. America on the Move – national meeting.
2. Local planning board meeting; re: trail.
3. Belmont Health Fair – lead walks, etc.
4. Address Governor's task force on the MA Highway Design Manual.
5. Nordic Walking (w/poles) fitness DVD.

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## Health Fair:



But how much, and what activity to recommend to average people?

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## Surgeon General's Report 1996 Physical Activity Guidelines 2008

[www.health.gov/paguidelines](http://www.health.gov/paguidelines)

- 150 minutes/week of moderate physical activity; more is better.
- Any activity is better than none.
- Can be broken up.
- 300 min/week for children.
- Reduced risk for CVD, diabetes, osteoporosis, obesity, dementia in old age, clinical depression, a growing list of cancers.



Getting some exercise, or just getting somewhere?

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## But, Health Fair is #5 because:

- Only reaches those who *choose* to show up!
- And only a fraction of those may actually use the information.



TN Public Health Assoc. meeting

mark.fenton@verizon.net

**Recommendation 1:**  
Think about scale & effectiveness. Ask the simple question: in **how many people** is this likely to actually change behavior?

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## Nordic Walking benefits:

- 20% - 40% boost in energy expenditure.
- Increased upper body workout (arms, chest shoulders, back, abs).
- Improved balance; reduced loads on feet, legs.

[www.keenfit.com](http://www.keenfit.com)  
[www.nordicwalker.com](http://www.nordicwalker.com)

mark.fenton@verizon.net

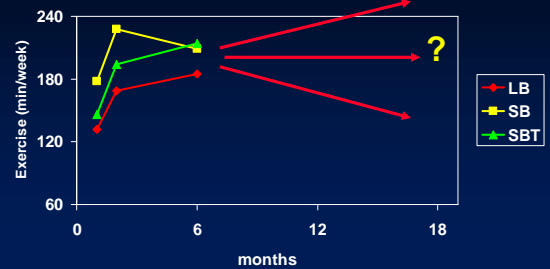
**BUT: Nordic Walking?**  
Another **fitness fad**? What about the “**dork factor**?” Or the **stickiness problem**?



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## Exercise Participation

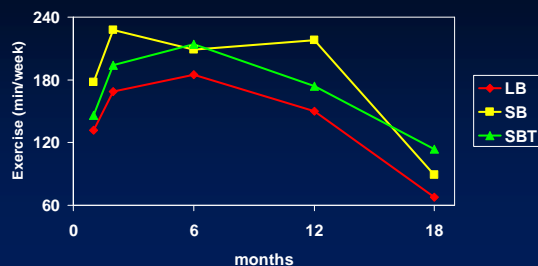
Effect of Short Bouts, Home Treadmills  
(Jakicic et.al., JAMA 282, 16)



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## Exercise Participation

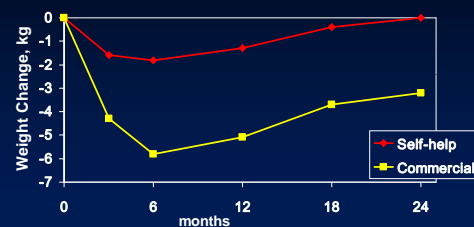
Effect of Short Bouts, Home Treadmills  
(Jakicic et.al., JAMA 282, 16)



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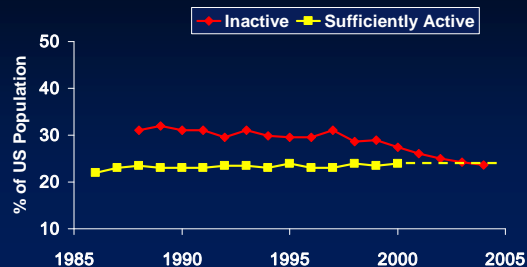
## Self-help vs. Commercial Weight Loss Programs

(Heshka et.al., JAMA 289, 14; April 9, 2003)



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## Leisure Time Physical Activity in the US (MMWR: 50(09), 166-9; 54(39), 991-4)



**Recommendation 2:**  
Go for breadth—not just “exercise” for the actively inclined. We need increases in **routine, daily physical activity** for everyone.

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## Pedometer-based “lifestyle” activity promotion:

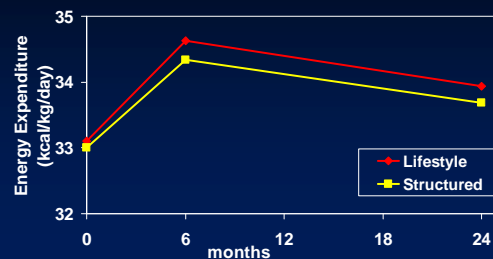
- Measure steps all day.
  - Determine your average daily steps.
  - Increase by only 10%-20% a week.
  - Keep gradually increasing . . .



**Key to Success: Keep a record!**

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## Energy Expenditure Lifestyle vs. Structured Activity (Dunn et.al., JAMA 281, 4)



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## Social Ecology Model

Determinants of behavior change  
Sallis, Owen, “Physical Activity and Behavioral Medicine.”

- Individual (readiness, efficacy)
- Interpersonal (family, friends)
- Institutional (school, work, HMO)
- Community (networks, local gov’t)
- Public Policy (transport, land use)



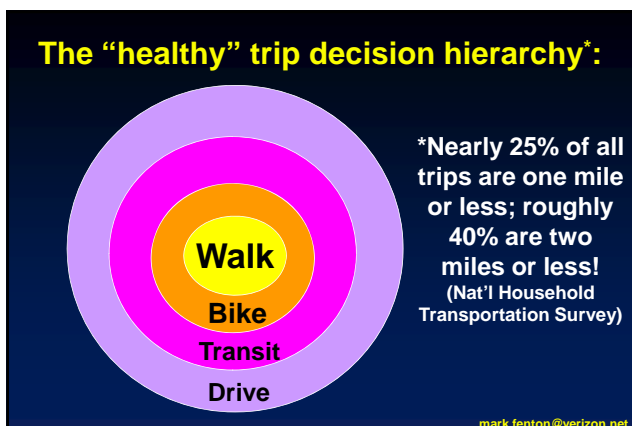
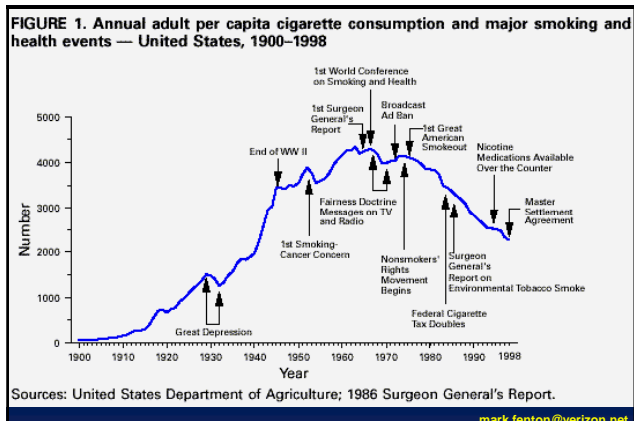
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## Socio-ecological success: tobacco

- Individual – education, medication
- Interpersonal – 2<sup>nd</sup> hand smoke, kids
- Institutional – work place bans
- Community – smoke free policies
- Public Policy – taxes, enforcement, advertising bans, SG’s warning label.

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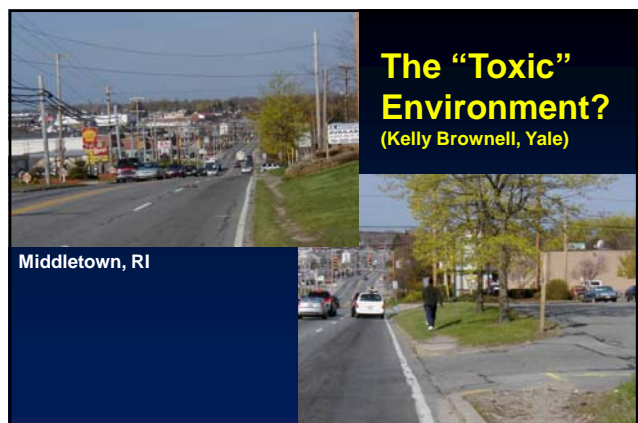




**Recommendation 3:**

We have to make active living the easier choice - actually **safer, more convenient, less costly, and more fun** than being sedentary.

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## So, what seems to matter?

1. Destinations within walk, bike, & transit distance?
2. Sidewalks, trails, bike lanes, safe crossings?
3. Inviting settings & sites for bikes, peds, transit?
4. Safe & accessible for all ages, incomes, abilities?

[www.thecommunityguide.org](http://www.thecommunityguide.org)

CDC Guide to Community Preventive Services



Scottsdale



## Or in Planner-Speak:

- Land use mix.
- Network of ped, bike, & transit facilities.
- Functional site design & details.
- Safety & universal access.



Nogales



Tucson (Elvira)

## 1. Land use.

Varied destinations in proximity.



Compact neighborhoods & shared open space.



E.g. post office, grocery, schools

Mixed use, multi-family.

Housing above, retail below.



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## 2. Network encourages active travel with:



Canal trail

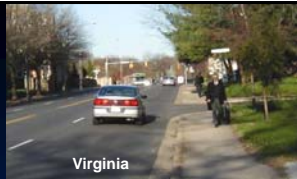
- Presence of sidewalks, pathways, bike lanes.
- Shorter blocks, cul-de-sac cut-throughs, more intersections.
- Access to trail, park, greenway; quality, reliable *transit*.



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## Comfortable pedestrians? Drivers?

(How far back?)



Virginia



Nebraska



Arizona

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## Preferred sidewalk setback:



Even a bike lane adds buffer

1.0 Fenton minimum

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### An impressive 1.2 Fentons on Van Buren



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### Bicycle network options:



Sacramento, CA



Tempe

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### 3. Site design:



Anywhere USA



Which setting is more inviting for travel on foot and by bike?

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### Site design? Research & practice suggest:

- Pedestrian friendly access; buildings are near the sidewalk, not set back.
- Trees, benches, water, aesthetics, lighting, scale.
- Details: bike parking, open space, plantings, materials.



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### 4. Safety.

- Engineering can dramatically improve safety.
- Increasing pedestrian and bike trips *decreases* overall accident & fatality rates.



Median islands



Roundabout (Neenah, WI)



Curb extensions

(Jacobsen P, *Injury Prevention*, 2003; 9:205-209.)

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### Community design & nutrition?

Community gardens (near schools, parks, senior housing); conserving farmlands; Community Supported Agriculture.



Olathe, KS

Regulate fast food, drive-through locations.



Farmer's markets, green grocers



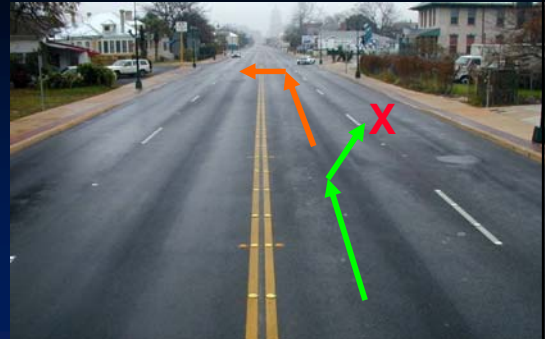
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**Recommendation 4:**  
Both the **built and social environments of the community matter**, so work on improving them. Start by helping people realize what “sticks” and what doesn’t.

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## 1. Highway Design Manual:

Affects the **built environment** for years to come.



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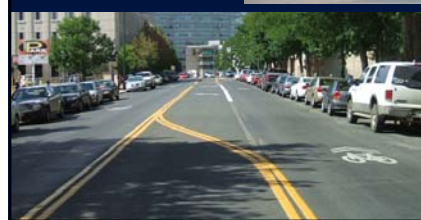
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**Same street,  
different  
character.**



Brannock St., Denver



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## The Story of "4":

**4,000**

**Approximate number of  
annual pedestrian deaths in  
America.**

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**40,000**

**Approximate total annual  
deaths in motor vehicle  
crashes.**

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**400,000\***

**Approximate annual deaths due to  
sedentary living and poor nutrition.**

\*Rounded up from corrected 365,000.

Mokdad, A.H., et al. 2004. Actual causes of death in the US. JAMA 291: 1238-45.

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**40,000,000,000**

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**\$40,000,000,000**

**Approximate direct annual medical  
expenditures due to inactivity & poor  
nutrition, borne by taxpayers.**

**[www.cdc.gov/nccdphp/dnpa/](http://www.cdc.gov/nccdphp/dnpa/)  
(Obesity Research, Finkelstein et.al., Jan, '04)**

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**Estimated Cost of Inactivity and Poor  
Nutrition nationally: ~\$78.5 billion/year**

**Arizona total = ~\$752 million/yr.**

- Public (taxes) Medicaid, Medicare: ~\$396 mill.
- Private (insurers, hospitals): ~\$356 mill.

State Level Estimates of Annual Medical Expenditures  
Attributable to Obesity, Finkelstein et.al., Obesity Research  
2004;12(1):18-24;

**[www.cdc.gov/nccdphp/dnpa/](http://www.cdc.gov/nccdphp/dnpa/)** mark.fenton@verizon.net

## So my choices:

1. Highway Design Manual, Governor's Task Force.
2. Local planning board meeting.
3. America on the Move – national meeting.
4. Nordic Walking (w/poles) DVD.

**Don't bother:** Community Health Fair.

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## So, how do we get there?



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## 7 more lessons from the field.

5. **Evaluate** early.
6. **Build toward policy change:** Institutionalize so *stickier* environments & practices result.
7. **Stealth** rather than bulk.
8. **Focus:** Fewer rather than more goals.
9. It's not about **money**; it's about the **job**.
10. Get some **heavy breathers** in the mix.
11. The **wild future** of physical activity promotion.

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## E.g. Community-wide Safe Routes to School programs.

- Comprehensive local plans.
- **Educate** on safe behavior.
- **Encourage** walking, cycling.
- **Engineer** preferred routes- sidewalks, trails, crossings.
- **Enforce** proper speeds, etc.
- **Evaluate** where kids come from, what mode, & why.



[www.saferoutesinfo.org](http://www.saferoutesinfo.org)

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## Start by measuring what we want to change:

Schools reporting on youth BMI to parents, administrators?

Instead, why not measure & report travel mode share at every elementary school in America with a national show-of-hands survey?

Mode	%
Driven	21.5
Bus	18.7
Taxi	1.4
Walk	48.3
Cycle	2.8
Scooter	0.7
Park & walk	6.1
Other	0.5

Scottish 2008  
Hands-Up Survey  
[www.activetravel.org.uk](http://www.activetravel.org.uk)

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## 6. Successful communities build toward policy change!

- **Programs:** Build awareness, support, skills, & encourage behavior change.
- **Projects:** Alter & improve the built environment for walking, cycling, and active living in general.
- **Policies:** Rewrite the rules so *stickier* environments & practices are the norm!

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**Programs:**  
Media; walk & bike to work, shop, & school events, programs.

[www.livehealthyamerica.org](http://www.livehealthyamerica.org)

**Safe Routes to School**  
[www.saferoutesinfo.org](http://www.saferoutesinfo.org)

**Bike sharing programs;** Louisville, Washington, Denver . . .  
(Planning, May 2008)

**Active-commute incentives;** E.g., tax free transit pass, health benefit discount.

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**Projects**

**Parks & rec:** Open space, rec. facilities, greenways & trails.

**Schools:** Space for PE, bike racks, access.

**Work sites:** Bike parking, lockers, showers; walking paths, open stairs.

**Municipalities:** Traffic calming, mixed use, sidewalks, improved crossings.

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**Not all "projects" are costly . . .**

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**Policies:**

**School siting,** district lines, bus policies.

**Zoning:** Mixed use, open space, density, affordability.

**Cleaning, painting, maintenance complete streets.**

**Site standards:** Setbacks, parking, access.

[www.completestreets.org](http://www.completestreets.org)

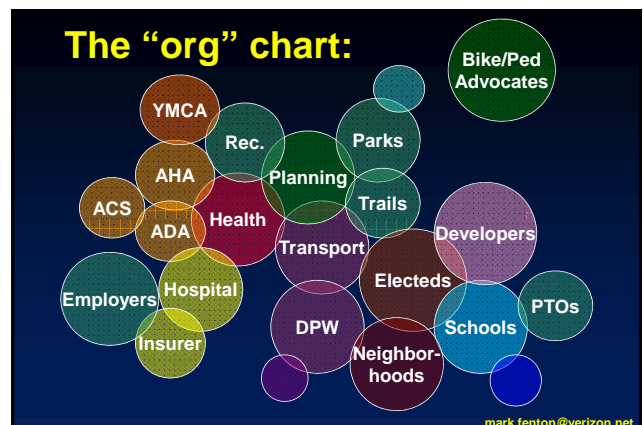
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**7. This means a potentially huge list of implementation partners:**

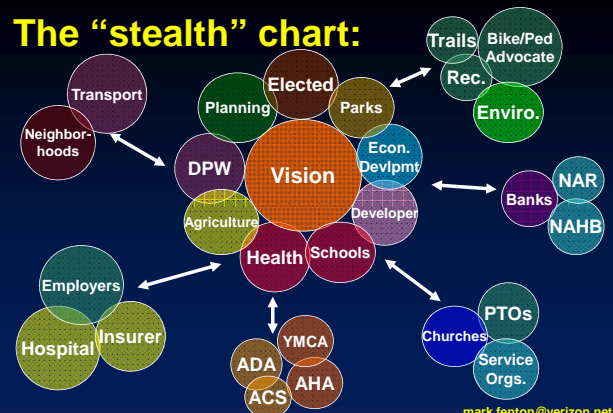
- Schools
- Planning & Zoning
- Engineering, DPW
- Parks & recreation
- Historical Society
- Public Health & Safety
- Chamber of Commerce
- Economic Development, employers
- Neighborhood Assoc., church & service groups
- Environment, Conservation

**Policy information:**  
[www.lgc.org](http://www.lgc.org)  
[www.vtapi.org](http://www.vtapi.org)

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## The “stealth” chart:



## To be on the stealth leadership team people must:



- Fully embrace the **vision** of active, healthy community design.
- Be able to spend time on this as part of **job responsibilities**; not just volunteers.
- Have **community influence** and be able to **reach** critical partners.

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## 8. Focus on fewer high impact activities that elicit systemic change.

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## E.g. Begin requiring Health Impact Assessments

- For all projects (new construction, upgrades, redevelopment).
- Consider health related costs (air quality, toxins, vehicle crashes, etc.)
- Specifically include affect on nutrition and physical activity rates!



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## Most rigorous: Health Effects and Remediation Statement (H.E.R.S.)

- Mandatory, comprehensive.
  - Regulatory; remediation required for impacts.
- If remediation insufficient, project halted.

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## Medium rigor: Health Impact Statement (H.I.S.)

- Mandatory, advisory.
- Outlines issues for regulators.
- Tied to incentives, etc.

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## Least rigor: Health Impact Outline (H.I.O.)

- Voluntary, informative.
- Fairly simple checklist of health impacts.
- Provides content for discussion.

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To do this will have to select one,  
or some hybrid . . .

- A. H.E.R.S. (most rigorous, regulatory).
- B. H.I.S. (required analysis, informative).
- C. H.I.O. (voluntary checklist, informative).
- D. Another, better idea?



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## 9. It's not about the money, it's about the job!

For sustained intervention,  
focus on:

- Routine accommodation.
- Opportunistic improvements.
- Impact mitigation (private sector).
- Special project funding (Transportation Enhancements, Safe Routes to School, Congestion Mitigation & Air Quality, etc).



Ashland, KY

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## E.g. Complete Streets Policy:



Austin

1. Accommodate all users--peds, bicyclists, transit, motor vehicles--of all ages & abilities whenever we touch a road.
2. Roadway design = posted speed.
3. Go beyond local, collector, arterial hierarchy (include trails & alleys to boulevards & parkways).

[www.completestreets.org](http://www.completestreets.org)

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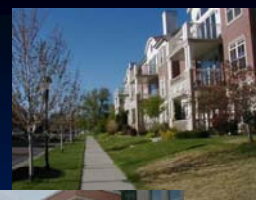
## 10. If you could *strongly influence* one of the following groups, which would you pick?

- 200 advocates, concerned citizens . . .
- 20 engineers, planners, health promoters . . .
- 2 big-time land developers . . .

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## 10. Recruit (or target) some Heavy Breathers

- Land developers
- Real estate
- Home builders
- Venture capitalists
- Lenders
- Etc. . . .



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## Lexington KY



Sponsored meeting at Chamber of Commerce.

Area tour w/ developers, planners, elected officials.



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## 11. The wild future of activity promotion.

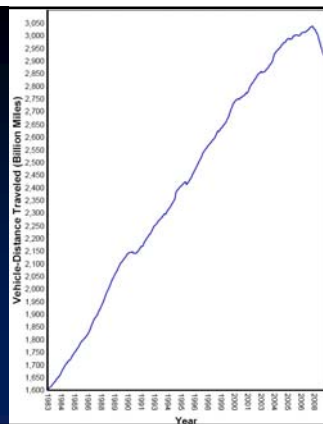
- **Economic stimulus \$.** Which infrastructure?
- **Transit funding.** Rail, bus, van & car pool.
- **Congestion charges.** Auto disincentive.
- **Tolls, parking, gas taxes?** Carrot & stick.
- **Insurance rewards** for active commuting.



- **3<sup>rd</sup> quarter 2008.**  
Auto miles ↓ 4.6%  
Transit use ↑ 6.5%

[www.apta.org](http://www.apta.org)

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**US Total Vehicle Miles Traveled (VMT); moving 12-month total, by year**

**2007-2008**

VMT: - 3.6%  
Transit use: + 4%

[www.fhwa.dot.gov](http://www.fhwa.dot.gov)  
[www.apta.com](http://www.apta.com)

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## Questions:

1. Is it just an *obesity* epidemic?
2. Who's on your stealth team? (Who's missing?)
3. Are you attacking stickiness? (E.g. *land use, network, site design, safety.*)
4. What are the small number of meaningful *policies* on which you are going to focus?
5. Any heavy breathers in the fold?
6. Whose jobs are *institutionalizing* change?
7. What's your visionary, futuristic effort? (B.H.A.G.)

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## Five web sites to go to:

1. [www.saferoutesinfo.org](http://www.saferoutesinfo.org)
2. [www.completestreets.org](http://www.completestreets.org)
3. [www.activelivingresearch.org](http://www.activelivingresearch.org)
4. [www.T4america.org](http://www.T4america.org)
5. [www.physicalactivityplan.org](http://www.physicalactivityplan.org)

[mark.fenton@verizon.net](mailto:mark.fenton@verizon.net)

mark.fenton@verizon.net

## Why care about stickiness & active community design?

- The **inactivity** epidemic; **our kids may pay!**
- ~4,000 pedestrian, ~40,000 motor vehicle, ~400,000 sedentary-related deaths/year.
- **Smog alerts**, over an hour of average commute time/day, traffic congestion and costs.
- OPEC; drilling in **ANWR**; **oil wars** in Mid-east.
- More eyes on the street, **less crime**.
- Shopping locally, healthier **housing values**.
- Higher employee retention, higher productivity, **lower health care costs**.

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**This guy**  
is a new  
model of  
success!



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## 10 Initiatives for consideration.

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### 1. Safe Routes to School

- Every elementary school in county (initially)
  - Start by requiring evaluation of current mode split.
  - Goal: Develop 5 E plan for each.
- Need: Top administration committed.

### 2. Complete Streets

- First: City council resolution
- Modified roadway standards.
  - Few & explicit exemptions allowed.

### 3. Comprehensive transit (& bike, pedestrian) planning & promotion.

- Much greater regional focus on transit, especially for at risk communities.
- Tie to extensive education, promotion, parking policy innovation, etc.
  - E.g. [www.smarttrips.org](http://www.smarttrips.org)

### 4. Ordinance review for healthy community planning policies.

- Rewards for mixed-use, compact neighborhood development.
- Incentives (requirements) for affordability, accessory dwellings (tools to forestall gentrification)
- Nutrition tools: Food deserts, neighborhood stores, community gardens, fast food,

### 5. Procedural review for healthy community planning practices.

- Require & codify *transportation*, not just traffic, analysis & mitigation.
  - Health Impact Analysis
- neighborhood stores, community gardens, fast food,



## **6. Physical education requirements in schools.**

- How much, which grades, when?
- Avoid an “unfunded” mandate; technical & financial support.

## **7. Childcare licensure updates**

- Update specific requirements on:
  - Screen time
  - Physical activity
  - Nutrition
  - More?

## **8. Menu labeling**

## **9. Breast Feeding Support**

## **10. Soda tax**

### **Your job:**

Work for ~30 mins. on a plan for implementation, how to make this a reality.  
Answer:

- Who (specifically) on working group.
- First five major steps in implementing.
- Specific outcome goal & timeframe.

Present a 5 minute summary to group, pitching this as one of the initiatives the collaborative MUST undertake.

## Active & Safe Routes to School

An Integrated Approach for Safety, Health, & Transportation Efficiency

Crockett Elementary  
Phoenix, AZ  
July 2009



Mark.Fenton@verizon.net

## SRTS Agenda

- Walk, observe dismissal.
- Introduction & perspective.
- Presentation on SRTS.
  - Why bother?
  - How the five Es work.
- Group work—ideas to get kids moving?
- Discussion, next steps, commitments.



**Goal:** Beginning of a process that will have *all* kids safer and many more regularly active.

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Please introduce yourself in 10 seconds sharing:

- Your name.
- Your organization or affiliation.
- A *phrase* describing how the life of a child in this neighborhood is healthier ten years from now.



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## What is Safe Routes to School all about?

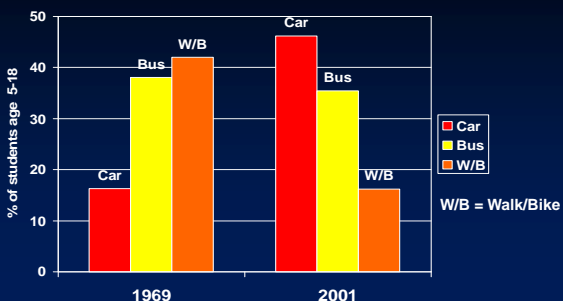
- Getting more children, more safe physical activity, more of the time.
- Where it's safe, encourage more bicycling and walking right now.
- Where it's not safe, then do what we must to make it safe.
- Make sure we think about all children—even those who come the greatest distance or who face greatest risks.



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## Changes in Walking & Cycling to School, 1969 to 2001

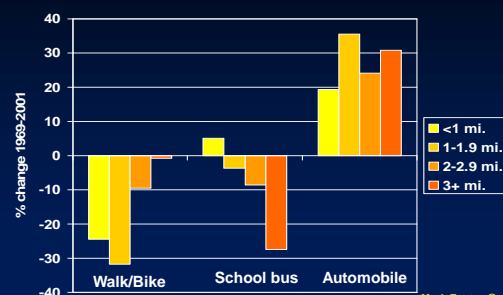
Ham et.al., *Jour. of Physical Activity & Health*, 2008, 5, 205-215



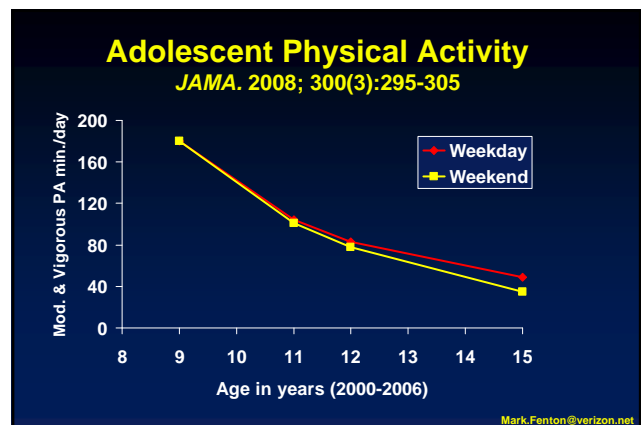
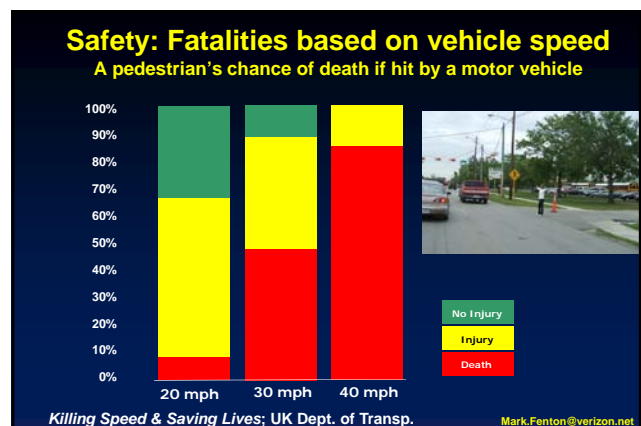
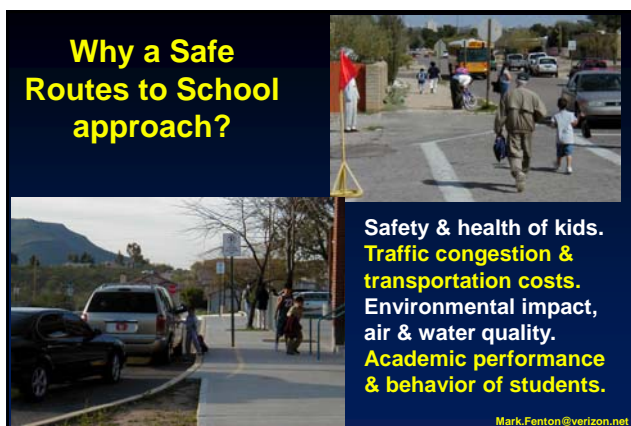
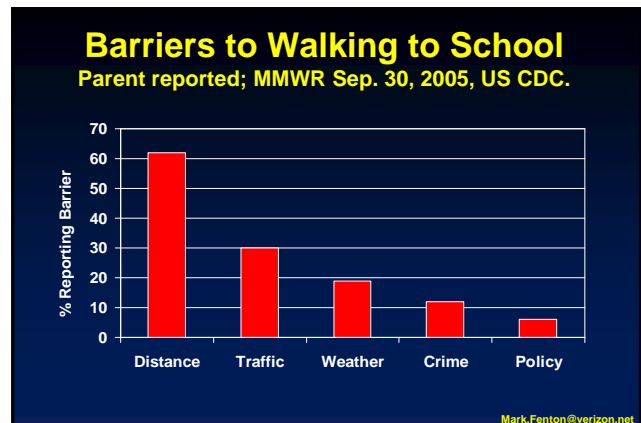
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## Change in travel to school by distance, 1969 to 2001

Ham et.al., *Jour. of Physical Activity & Health*, 2008, 5, 205-215



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## Physically inactive children have an increased risk of . . .

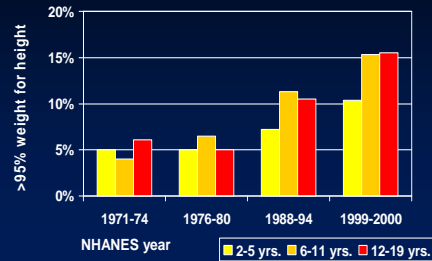
- Overweight and obesity, Type 2 diabetes.
- Aggravated existing asthma; sleep apnea.
- Decreased physical functioning (e.g., playing sports, climbing stairs, bicycling & walking).
- Musculoskeletal problems (e.g., tibial varum).
- Low self esteem; poor academic performance.
- Diminished physical & social navigation skills.

(American Academy of Pediatrics, 2005)

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## US Youth Overweight Rates

JAMA 288 (14); Oct 9, 2002.



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## Student benefits.

Physically active children perform better academically.



Teachers report children act out less in class after they've been physically active.

[www.activelivingresearch.org/files/Active\\_Ed.pdf](http://www.activelivingresearch.org/files/Active_Ed.pdf)

Physical Education, Physical Activity, and Academic Performance, Fall 2007 Active Living Research Brief.

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## Transportation benefits.

Ease costs:  
One bus = ~\$50-70k/year.



Ease traffic congestion and delays, risk of collisions, parent frustration, faculty time spent as "traffic cops."

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1996 Summer Olympic Games banned single occupant cars in downtown Atlanta.



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## Results of the ban

Morning traffic – down 22%

Peak ozone – down 28%

Asthma-related events for kids – down 42%



(Journal of American Medical Assoc., Vol. 285, Feb. 2001)

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## Air quality?

Measurably better around schools with more walkers & bicyclists.



*Travel and Environmental Implications of School Siting*, EPA, Rep.# 231-R-03-004, Oct. 2003  
[www.smartgrowth.org](http://www.smartgrowth.org)

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## Comprehensive Approach to Safe Routes to School

[www.saferoutesinfo.org](http://www.saferoutesinfo.org)

Five components of successful programs:

- Education
- Enforcement
- Engineering
- Encouragement
- Evaluation

**Goal: Sustain change!**



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## Evaluation: Start here!

Where do kids come from, what mode, & why?

### Travel modes

- Show of hands

### Direct observation

- Vehicle counts, speed

### Surveys

- Student, parent
- Perceptions, barriers

### Municipal data

- Crash Data
- Traffic volumes, speed



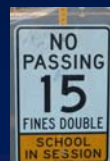
### Mapping

- Home locations; code by travel mode.
  - Green = Walk
  - Blue = Bike
  - Yellow = Bus
  - Red = Car
- Routes (current, barriers, preferred)

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## Enforcement:

- Not just police; but faculty, staff, kids, parents all involved.
- Speed and traffic enforcement.
- Combine with other tools, doesn't "stick" alone.
- No surprises; do progressive steps:
  - Educate
  - Warnings
  - Ticket, then ^\$.



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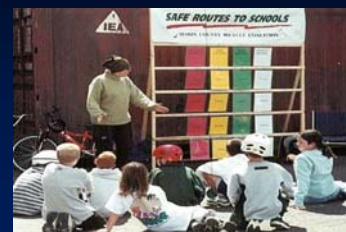
## Education:

- Bicycle & pedestrian safety education.
- Tie to curricular programs (math calculating distances, speeds; geography mapping routes; science health benefits; arts, etc.)
- Target adults, neighbors, teachers with safe driving instruction, rules for pick-up, drop-off, reminders, etc.



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## Education example: Bike/Walk Jeopardy



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Answer:

It's the single essential piece of equipment you should have – other than your bicycle – for every bike ride you take.

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Gearing up for a ride



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Answer:

It's where a pedestrian should walk if there is no sidewalk available along a roadway.

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On the left shoulder, walking **facing on-coming traffic**, and as far to the left as possible.



What's wrong with this picture?

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Answer:

They are the proper hand signals for indicating left turn, right turn, and slowing down/stopping while riding a bicycle.

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Signaling a left turn on the way to school . . .



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Answer:

These are three things (at least) you should do when crossing a street as a pedestrian.

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1. Use a marked crosswalk if possible.
2. **Stop** at the curb.
3. **Look** left, then right, then left again (at least—more if necessary) before crossing.
4. **Listen** closely for traffic that's not yet visible, sirens, or other indicators that it's not yet safe before stepping off the curb.

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Answer:

These are four of the five things you should do when passing another bicyclist or pedestrian from behind while riding on a non-motorized trail or pathway.

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1. Slow down.
2. Check for traffic coming behind you.
3. Check for traffic coming from ahead.
4. Verbally indicate you are passing ("On your left")
5. Be polite (say "Thanks!")



Houston

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Answer:

These make up the safety "A, B, C, Quick Check" you should do on your bicycle every time before you begin riding.

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- A. **Air.** Check for proper tire inflation with a quick thumb squeeze.
- B. **Brakes.** Try both front and rear brakes for proper operation.
- C. **Chain/crank.** Be sure pedals and drive train connections are tight, functioning properly.
- D. **"Quick Check."** Check that all quick release nuts (seat post, wheels) are properly tightened.

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## Engineering:

Sidewalks, bike lanes, narrowing, traffic calming, multi-use trails.



Bike parking, lockers, cul-de-sac connections, crossings, countdown timers.



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## How to engineer walk- and bike-friendly schools:

- Land use: Locate schools near residential clusters.
- Network of facilities: sidewalks, trails, bike lanes, crossings.
- Site Design: Functional, safe, and inviting.
- Safety along the route (speed, crime).

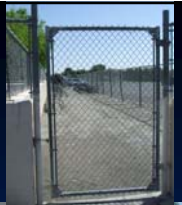


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## On-site engineering: Secure bike parking.



Wasman Elem.  
Las Vegas, NV



Rock Island, IL



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Increasing crossing visibility.



Traffic calming:  
Horizontal & Vertical



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Tucson



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## Drop-off & Pick-up key principle:

Make it safer, but not necessarily more convenient.



Sequential drop, curbside only, adult valets, defined lane(s), no idling.

< Remote drop area; 5 min. early release.

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## Encouragement



- < Walking school busses & bicycle trains; corner captains, safe houses.
- Walk at school (before, recess, after).
- Early release (~5 mins.) for bikes, pedestrians.
- Classroom competitions.
- Punch cards for points.
- Prize drawings.
- Footloose Fridays, Walking Wednesdays.
- Curriculum!

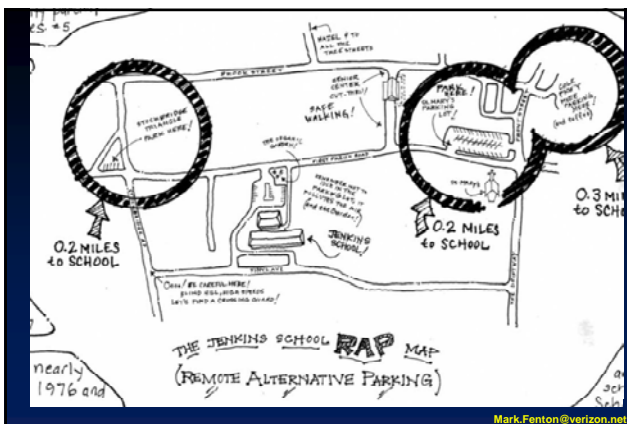
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## Walk to School Day events:



- International Walk to School Day - First Wednesdays in October and May.
- Walkability checklists
- Suggested route maps.
- Prizes, drawings.
- Target parents!

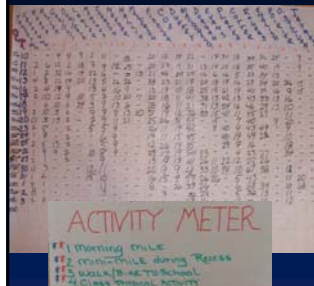
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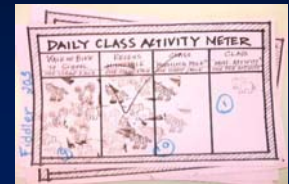
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## Sustaining programs:

- Walk/Bike month
- Count class physical activities for 'miles.'



The coveted **Golden Shoe!**



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## Encouragement programs should reach all kids, not just those who can walk to school.



PTO Dads Club built stairs to complete a 1/2 mile walking loop around school.

Scituate, MA

Used for "Morning Miles" (full class) and recess walking.



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## Pre-school walking?

Carrie Busey Elem., Columbus, IN



McKinley Elem., Billings, MT



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## Plan Safe Routes programs with collaborative community workshops:



1. Principal
2. Parents (PTO)
3. Police



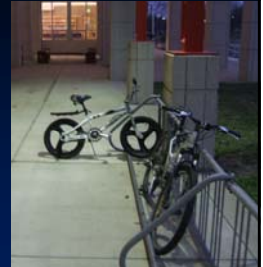
4. Planning
5. Public works



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## A comment on each E:

- **Evaluation.** Start here!
- **Education.** Not just the kids; parents too.
- **Enforcement.** Not just cops, everyone.
- **Engineering.** Remember the cheap stuff.
- **Encouragement.** Mold to the school; walking busses, remote drop, etc.



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## For more:

[www.saferoutesinfo.org](http://www.saferoutesinfo.org)  
[www.saferoutespartnership.org](http://www.saferoutespartnership.org)



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## For group work: Develop ideas from all five Es

- **Evaluation.** Measure what's happening, why?
- **Education.** Teach children, parents, drivers.
- **Enforcement.** Ensure proper behavior.
- **Engineering.** Build safe, inviting facilities.
- **Encouragement.** Help everyone rediscover the fun of being physically active.

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